

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/39/647

FILING DATE

9-17-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1												
2							51					
3							52					
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48							97					
49							98					
50							99					
TOTAL IND.	2						100					
TOTAL DEP.							TOTAL IND.					
TOTAL CLAIMS	13						TOTAL DEP.					
							TOTAL CLAIMS					

PTO-136 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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